


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000109585</b>	
1. Entity Name ORION LAND CORPORATION	

Principal Place of Business 1066 SW BAYSHORE BLVD PORT SAINT LUCIE, FL 34984 US	Mailing Address 1066 SW BAYSHORE BLVD PORT SAINT LUCIE, FL 34984 US
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**DO NOT WRITE IN THIS SPACE**



04222005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1156127	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent

CROSSFIELD, JOSEPH L  
4994 NW PAWN ST.  
PORT SAINT LUCIE, FL 34983

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IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

U00000331558  
04/26/05-80017-022 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CROSSFIELD, JOSEPH L 1066 SW BAYSHORE BLVD PORT SAINT LUCIE, FL 34984
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Crossfield JOSEPH L. CROSSFIELD PRESIDENT 4/22/2005-772-873-1655  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #